STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Jonathan Y. Thomas	[redacted]	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Chairman		CIRM	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
		(415) 396-9113

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]	[redacted]		[redacted]	[redacted]	

(1) MONTH/YEAR 12/2012 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
2	12:00	Los Angeles to West Palm Beach, FL			19.86	4.89		13.06	T		12	6.66		44.47
3		West Palm Beach, FL												0.00
4		West Palm Beach, FL to San Francisco		16.73		24.17		55.00	T					95.90
5		San Francisco												0.00
6		San Francisco												0.00
7	17:30	San Francisco to Los Angeles								89.50	12	6.66 ~~66.66~~		96.16 ~~156.16~~
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) **SUBTOTALS**			0.00	16.73	19.86	29.06	0.00	68.06		89.50	24	73.32	0.00	236.53 ~~296.53~~
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														236.53 ~~296.53~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

2-4) Speaking Engagement @World Stem Cell Summit, West Palm Beach, FL

O/S # 2012CO06

Note: no itemized receipt for breakfast 2/4/13 ($16.73)
no alcohol purchased with meal.

(12) NORMAL WORK HOURS [redacted]

(13) PRIVATE VEHICLE LICENSE NUMBER [redacted]

(14) MILEAGE RATE CLAIMED .555

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was [redacted] requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

[redacted]

DATE 1/7/13

(Item 17 on reverse)

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [redacted]

DATE 1/7/2013

DATE